

RECEIVED

DEC 10 2013

SL041/0040

cc: Peter

Task: 5759

DIV. OF OIL, GAS & MINING

Application to Revise a Notice of Intention to Commence Small Mining Operations or Exploration

Operator: ROLLING THUNDER R&D

Mine Name: SNAKE VALLEY MINE File Number: E or S 041 / 0040

Provide a detailed listing of all changes to the Notice that will be required as a result of this change. Individually list all maps and drawings that are to be added, replaced, or removed from the Notice. Include page, section and drawing numbers as part of the description.

DETAILED SCHEDULE OF CHANGES TO THE NOTICE

			Description of map, text, or materials to be changed
<input type="checkbox"/> ADD	<input checked="" type="checkbox"/> REPLACE	<input type="checkbox"/> REMOVE	PAGE 2, FORM MR-SMO
<input type="checkbox"/> ADD	<input type="checkbox"/> REPLACE	<input type="checkbox"/> REMOVE	
<input type="checkbox"/> ADD	<input type="checkbox"/> REPLACE	<input type="checkbox"/> REMOVE	
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I hereby certify that I am a responsible official of the applicant and that the information contained in this application is true and correct to the best of my information and belief in all respects with the laws of Utah in reference to commitments and obligations, herein.

MICHAEL TERRY

Print Name

Michael P Terry
Sign Name, Position

December 6, 2013

Date

Return to:

State of Utah
Division of Oil, Gas and Mining
Attn: Minerals Regulatory Program
1594 West North Temple, Suite 1210

Box 145801
Salt Lake City, Utah 84114-5801
Phone: (801) 538-5291 Fax: (801) 359-3940

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FOR DOGM USE ONLY:

File #: M/ /

Approved: _____

Bond Adjustment: from (\$) _____
to \$ _____

2.C. Entity's Representative(s) (if different from #2A) authorized and designated to receive notices of violation, cessation orders, and all other notices to be given to the permittee or operator by the Division.

Name: O. JAY GATTEN Title: CONSULTANT
 Address: 447 N 300 W, SUITE 3
 City, State, Zip: KAYSVILLE, UT 84037
 Phone: (801) 544-3421 Fax: (801) 544-4554
 Emergency, Weekend, or Holiday Phone: _____
 E-mail Address: OJGATTEN@NAE-XPLORATION.COM

Name: _____ Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Emergency, Weekend, or Holiday Phone: _____
 E-mail Address: _____

3. If Business is a Sole Proprietor (dba) or Individual:

Name of Owner: _____ Title: _____
 Business Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

If Business is a Corporation:

Name of Officers: MICHAEL D TERRY Title: MANAGER
 Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____
 Headquarters Address: 447 NORTH 300 WEST, SUITE 3
 City, State, Zip: KAYSVILLE, UT 84037
 Phone: (801) 367-4009 Fax: (801) 544-4554
 E-mail Address: anasaziking747@aol.com

If Business is a Limited Liability Company: Member Managed (☐) Manager Managed (☐)

Name of 1st Member/Manager: _____ Title: _____
 Business Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

Name of 2nd Member/Manager: _____ Title: _____
 Business Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

If Business is a Partnership:

Names of Partners: _____
 Business Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

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Names of Partners: _____
 Business Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____